

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURES:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

<b>1. THRU</b> (Include ZIP Code) Cdr, Group/Battalion Cdr, RSC/Division Cdr, HQ, USAREC	<b>2. TO</b> (Include ZIP Code) COMMANDER, AHRC-ST LOUIS ATTN: ARADMD 1 RESERVE WAY ST LOUIS, MO 63131-5200	<b>3. FROM</b> (Include ZIP Code) Current Assignment
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**SECTION I - PERSONAL IDENTIFICATION**

<b>4. NAME</b> (Last, First, MI)	<b>5. GRADE OR RANK/PMOS/AOC</b>	<b>6. SOCIAL SECURITY NUMBER</b>
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours. \_\_\_\_\_ 19 \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following actions: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-The-Job Training (Enl only)	Identification Tags
Volunteering for Overseas Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/> INDEFINITE REENLISTMENT

<b>9. SIGNATURE OF SOLDIER</b> (When required)	<b>10. DATE</b>
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Request indefinite reenlistment per AR 140-111, Chapter 8, and continuation in the AGR Program.

PMOS: \_\_\_\_\_ DMOS: \_\_\_\_\_  
 Date of Last Physical: \_\_\_\_\_ PULHES: \_\_\_\_\_ Physical Category: \_\_\_\_\_  
 Date of HIV \_\_\_\_\_  
 Date last APFT: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 Home Address and Telephone Number: \_\_\_\_\_  
 Duty Address and Telephone Number: \_\_\_\_\_

I certify that the soldier meets the qualification for subsequent duty in the AGR Program per AR 135-18, Table 2-4 and the basic reenlistment eligibility criteria per AR 140-111, table 2-1.

Soldier has been counseled concerning reenlistment/continuation in the AGR Program.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

<b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b> LOCAL COMMANDERS SIGNATURE BLOCK	<b>13. SIGNATURE</b>	<b>14. DATE</b>
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